SIGNATURE: Lawrence or again Lawrence of Again Lawrence of Base of Bas

DOCUMENT # 389126 1. Entity Name HESCO SALES, INC.					FILED		
пезсо	SALES, ING.				01 MAY 25 AM 11: 15		
Principal Place of Business MICHAEL UDELL 8505 NW 74 STREET MIAMI FL 33166		Mailing Address % MICHAEL UDELL 8505 NW 74 STREET MIAMI FL 33166			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-1700672 Applied For Not Applicable		
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent			7. Name and Address of New Registered Agent		
1201	PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301			KA#:	P.O. Box Number is Not Acceptable) S N.W. 74 Street		
_			City	Miar	mi FL Zip.Code 33166		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND DIF		12.	_	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MCALPIN, GARY 8505 NW 74 ST. MIAMI FL 33166	Û Z Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	5000044309咖蛋—日本® -06/19/0101117004 ***3300.00 *****550.00		
TITLE NAME	11W WW 1 E 00 100	☐ Delete	TITLE NAME	D/CI	FO/S Grange GAUGION		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	8505	5 N.W. 74 Street mi, Florida 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Enge 8505	→ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8505	Change Addition es E. Ashton N.W. 74 Street ni, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP::::: Ronal 8505	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Lawre	i, FL 33166 Change Addition Tence W. Haas N.W. 74 Street i, Florida 33166		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							

ring officer or director Cretary and VP

305/597-0243

Date

Daytime Phone #